

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/677,467  
Applicant : Ronald Azuma  
Filed : September 29, 2000  
T.C./A.U. : 2178  
Examiner : Jonathan D. Schlaifer

Confirmation No.: 3369

Docket No. : RTN-130PUS  
Customer No. : 022494

Certificate of Mailing (37 C.F.R. 1.8(a))

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By: Kermit Robinson  
Kermit Robinson  
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RESPONSE

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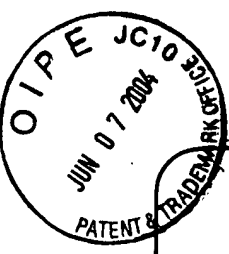
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Dear Sir:

In response to the Official Action dated March 8, 2004, please consider the following remarks.

Remarks begin on page 2 of this paper.

2178  
41



PTO/SB/21 (modified) (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/677,467
		Filing Date	September 29, 2000
		First Named Inventor	Ronald Azuma
		Art Unit	2178
		Examiner Name	Jonathan D. Schlaifer
Total Number of Pages in This Submission	16	Attorney Docket Number	RTN-130PUS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kermit Robinson Daly, Crowley & Mofford, LLP
Signature	<i>Kermit Robinson</i>
Date	JUN 3, 2004

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